TUBERCULIN SENSITIVITY FOLLOWING BCG VACCINATION

To the Editor:

I found the paper by Landi, Ashley and Grzybowski on "Tuberculin Sensitivity Following the Intradermal and Multiple Puncture Methods of BCG Vaccination" (*Canad. Med. Ass. J.*, 97: 222 [July 29], 1967) most interesting. Their discussion of results and of BCG vaccination in general is valuable.

The statement in the article to the effect that tuberculin sensitivity does not necessarily reflect immunity to tuberculosis is undoubtedly true, but the later observation that post-vaccination sensitivity is the only readily available yardstick for measuring the probable effectiveness of vaccination is an accurate summary of the situation. Further, most workers in tuberculosis prevention are agreed that *successful* BCG vaccination, using a satisfactory conversion as the criterion of success, reduces tuberculosis morbidity by about 80%.

In a BCG vaccination program for grammar, high and secondary modern school pupils (students of 13 years and over) in the English Midlands, I used the Heaf test for pre- and post-vaccination testing and freeze-dried BCG vaccine produced by Glaxo Laboratories, England. Vaccine was administered intradermally. A conversion rate of between 95.9 and 97.0% was achieved when it was assessed six to nine months after vaccination.

Landi and his colleagues conclude that intradermal vaccination is the technique of choice at the present time. In this they confirm the findings reported in the literature during recent years. There is little doubt, however, that multiple-puncture BCG vaccination has a place in mass programs, particularly in underdeveloped countries where there is a chronic shortage of health personnel with sufficient skill to carry out safe and successful vaccination by the intradermal method.

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BRITAIN'S WELFARE STATE

To the Editor:

Perhaps it might be well to clarify the role of the late Lord Beveridge, formerly Sir William Beveridge, in the formulation of the welfare state in Britain—a "welfare state of mind" that is now ailing;[1] a disorder that threatens Canada seriously.

His obituary notice in the *British Medical Journal* four years ago stated: "Beveridge did not like the term 'Welfare State', and preferred to speak of the 'Welfare Society'—a society in which he wanted the individual to do as much as possible for himself . . ."

And at this moment one might bear in mind the exact words this great reformer used: "I, on the other hand, should be sorry to see any space for private action narrowed in the interests of equality: *liberty and variety are both more important than equality.* If it is held as an objection to 'paybeds' that they enable people to 'jump the queue' for hospital treatment, the remedy is not to abolish 'paybeds' but to abolish the queues, by providing more hospital beds or by making more economical use of them."[2]

There may well be a lesson here for Canadians, too!

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REFERENCES

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2. Editorial: *Brit. Med. J.*, 1: 765, 1963.

A THEORETICAL EXAMINATION OF DOUBLE-BLIND DESIGN

Dr. A. Hoffer has attempted to mount a serious attack on the currently popular double-blind method of assessing new modes of therapy, in a paper presented in a Symposium on Problems in Clinical Pharmacology (*Canad. Med. Ass. J.*, 97: 123, [July 15], 1967).

One of his main points is that this statistical technique has failed to provide psychiatrists with any significant advances in therapeutic methods, despite its use in several trials within the last decade. This argument is rather similar to the plight of the man who bought a block of marble and a stone-chisel, and then complained that he could not emulate Michelangelo because his chisel was blunt.

While I would not presume to compare the practice of psychiatry with a lump of rock, I wonder if, in this instance, Dr. Hoffer is not merely blaming his statistical tools for the apparent stagnation in psychiatric therapy over the last few years?

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